



**IDAHO EMS BUREAU
AND
STATE OFFICE OF RURAL HEALTH**



**EMS VOLUNTEER
SCHOLARSHIP AWARD PROGRAM APPLICATION
January 1 – June 1, 2007**

Candidate Name: _____ Computer Based Test Date: _____

Mailing Address: _____

Name of Agency Affiliation: _____

Payment will be made to agency with notification to candidate

<u>Level</u>	<u>Testing Fee Request</u>	<u>CHC Request</u>	<u>Maximum Reimbursement</u>	<u>TOTAL REIMBURSEMENT REQUESTED</u>
First Responder	\$45.	\$20.	\$65.	_____
EMT-Basic	\$50.	\$20.	\$70.	_____
Advanced EMT-A	\$55.	\$20.	\$75.	_____

Reimbursement will be made to licensed EMS agency upon receipt of required documentation dated between January 2 and June 1, 2007:

- A "Scholarship Award Program Application"
- A copy of the National Registry "Authorization To Test" letter
- A copy of the CHC provided receipt

Payment limited to available funds on first-come/first serve basis

Signature of Agency Chief / Director / President requesting reimbursement:

Name and Title: _____

Agency Name: _____

Agency Address: _____

Date: _____

Send to:



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Idaho EMS Bureau
P O Box 83720
Boise ID 83720-0036
or Fax: 208/334-4015**

SUBMIT NO LATER THAN JUNE 1, 2007